# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

94a

04015

Reg. Dist. No. 218

MARGIN RESERVED FOR BINDING

PRINT PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

**1. PLACE OF DEATH:**

County Montgomery

City or town Emory Grove

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

**2. USUAL RESIDENCE (HOME) OF DECEASED:**

(For newborn infants give residence of mother)

State Maryland County Montgomery

City or town Emory Grove

(If outside city or town limits, write RURAL and give nearest town)

Street No. Gaithersburg, Md

(If rural, give LOCATION)

2.(a) If veteran, name war

**3.(a) FULL NAME** James M. Holland

**3.(b) Social Security Number**

| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
|---|---|---|
| Male | Colored | Married |

6.(b) Name of husband or wife Allie Holland

6.(c) If alive, give age 36 years

7. Birth date of deceased (mo., day, yr.) December 31, 1910

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 38 | | | ...hrs. ...min. |

9. Birthplace Emory Grove, Montg. Md

(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

FATHER 12. Name Vernon Holland

13. Birthplace Md.

MOTHER 14. Maiden name Hattie Marcelle

15. Birthplace Md.

16. Informant Laura Holland (sister)

Address Gaithersburg Md

17. Buried (If burial, cremation, or removal. Which?) Date thereof April 17 1948 (month) (day) (year)

Cemetery or crematory Church Cemetery

Location Emory Grove, Md.

18. Funeral director R. L. Snyder

Address Rockville, Md

**MEDICAL CERTIFICATION**

20. DATE OF DEATH Apr 13 19 48 at 8:26 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 31 19 48 to 19

and that I last saw h alive on 19

| Immediate cause of death | DURATION |
|---|---|
| Coronary occlusion | died suddenly |
| Due to | |
| Due to | |
| Other conditions | |

(Include pregnancy within 3 months of death)

Major findings of operations Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

Frank J. Bouchat M. D.

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